



Water Type Modification Form
(For changes to Forest Practices' GIS Stream Layer)

Check all that apply

- ☐ Add water
☐ Remove water
☐ Change Water Type
☐ Change Water location
☐ Change based on protocol survey

Reference Number
(DNR USE ONLY)

1. Segment ID	2. Name of water	3. Tributary to	4. County	5. Inspection Date
6. Present water type	7. Proposed water type	8. Legal Description 1/4 Section, Township, Range, E/W		
9. Associated Forest Practices Application (FPA) number(s) – (Changes can be proposed at any time, not just with an FPA)				
10. Proposed water type change based on: (See Chapter 222-16-031 WAC) <input type="checkbox"/> Fish found. Show on map the most upstream location of fish sighting. Month when fish found _____ Name of person who found the fish: _____ <input type="checkbox"/> No fish found. Attach survey data sheet. Length of surveyed segment _____ Number of pools sampled _____ <input type="checkbox"/> Physical characteristics. See Instructions. Average Bankfull Width _____ Average gradient _____ <input type="checkbox"/> Domestic Use. Number and type of units drawing water _____ <input type="checkbox"/> Fish hatchery <input type="checkbox"/> Campground				
11. Describe how the type breaks were determined:				
12. Describe the type and location of any fish passage barriers below the surveyed stream segment: Fish passage barriers were identified by: <input type="checkbox"/> Maps <input type="checkbox"/> Field observation <input type="checkbox"/> Other - describe				
13. Is there evidence of mass wasting and scouring events? <input type="checkbox"/> Yes. Describe how these affected current stream channel conditions and fish distribution in the stream: <input type="checkbox"/> No				
14. Water levels in the survey area were <input type="checkbox"/> Normal or <input type="checkbox"/> Below normal (Describe in box 15, how assessment of fish distribution was impacted by a drought condition.)				
15. Description of inspection methods and results:				

Proponent name and signature	Organization name and address	Telephone number
Surveyor name and signature	Organization name and address	Telephone number

Reviewer Comments
Water Type Modification

Reference Number <i>(DNR USE ONLY)</i>
Comment Due Date <i>(DNR USE ONLY)</i>

Attention Reviewers: DNR will make a decision by the above-shown Comment Due Date. To ensure your comments are considered, please respond by the stated due date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ **Reviewer's Affiliation:** _____

Reviewer's Phone Number: _____

☐ **Agree with proposed change(s)** ☐ **Disagree with proposed change(s)**

Reasons for Agreement or Disagreement (*add attachments if necessary*):

Signature _____ **Date** _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR:				
WDFW:				
DOE:				
Tribe:				
Other:				
Other:				

☐ **Approve change** ☐ **Disapprove change**

Reasons for approval or disapproval

Signature _____ **Date** _____

Proponent and reviewers notified of decision by _____ on _____
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)